

## PART B - FEE(S) TRANSMITTAL

form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

	· · · -		II. The informatio								
	Typed or printed name	Michael W. Ga	rvey			Registration	No	35878		<del></del>	
_	Authorized Signature	ym	John			DateM	arch 1	6, 2006		_	
N	NOTE: The Issue Fee and I	is requested to apply the Issu Publication Fee (if required) vends of the United States Pat	will not be accepted	d from anyone	y) or to re-apply a other than the app	ny previousl licant; a regi	y paid issue stered attorn	fee to the applic ey or agent; or	ation identifi the assignee o	ed above. or other party	
	a. Applicant claims S	SMALL ENTITY status. See	37-CFR 1.27.		ant is no longer cla						
-	Change in Entity Status	s (from status indicated above		Deposit Acce	ount Number 16-	-0020	(e	iciose an extra	copy of this is	um).	
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	☐ Issue Fee ☐ A check in the amount of the fee(s) is enclosed. ☐ Publication Fee (No small entity discount permitted) ☐ Payment by credit card. Form PTO-2038 is attached.										
4	4a. The following fee(s) are enclosed:  ✓ Issue Fee  Ab. Payment of Fee(s):  ✓ A check in the amount of the fee(s) is enclosed.										
_	Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government										
	Corporation										
	Curtiss-Wright Flow Control Falls Church, Virginia										
					RESIDENCE: (CITY and STATE OR COUNTRY)						
	PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
3	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed f										
7	"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	2 registered patent attorneys or agents. If no name is 3									
•	Change of correspon Address form PTO/SB/I  "Fee Address" indica	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to									
ċ	CFR 1.363).	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,									
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		SHARP, JEFFREY ANDREW			411-0145		J				
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	APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR			ATTORNEY DOCKET NO. CONFIRMATION			ATION NO.	
	Cleveland	March 16, 2006 (Date									
		Pearne & Gordon LLP .801 East 9th Street, Suite 1200					W. Garvey			(Signature)	
	Michael W.				/ <u></u>			(Depositor's nam			
	Burke, VA 22015		I hereby certify that this Fee(s) Teamsmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an er addressed to the Mail State ISSUE FEE address above, or being fa transmitted to the USPTO (571) 273-2885, on the date indicated below.								
	Dennis H. Lambo 7000 View Park D		I hereby co	ertify that th	is Fee(s) Tra	lailing or Tran	ig deposited v	with the Unit			
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